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Book Review

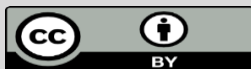
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Review of Clotworthy, Amy. *Empowering the Elderly? How 'Help to Self-Help' Health Interventions Shape Ageing and Eldercare in Denmark*. Bielefeld: Transcript Verlag. 2020. pp. 263. Price: \$50 (Paperback).

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Empowering the Elderly relies on an excellent combination of qualitative research methods—integrating ethnography, participant observation, and interviews—to articulate policy recommendations that can help empower citizens, particularly elderly citizens. The further development of practical guidelines and policy frameworks to advance the empowerment of (older) citizens is a noteworthy goal in health service provision, particularly as aging populations continue to increase exponentially across the globe.

This book emerged from Amy Clotworthy's PhD project and is heavily rooted in ethnographic work on home health visits and re-ablement programs for older adults in Denmark, more specifically the municipality of Gentofte. The preface and introduction do an excellent job sketching the sociopolitical and sociocultural landscape in which aging is defined by drawing from global institutional data on the cost of aging populations and outlining the development of discourse on aging in the past hundred years. Moreover, each provides a great deal of detail about the actual practice of doing fieldwork and the training that shaped Clotworthy's work and affected her as an individual. During fieldwork training, she encountered practical applications of body-mind holism, such as nurses going beyond physical activity prescription, connecting patients to community health resources, and having prolonged, social dialogues with them (14). These experiences made the author fully realize that the body and mind may experience health—and deterioration—at varying rates. Clotworthy's articulation as an active participant in the gathering and analyzing of data (14-15) sets the stage for one of the central tenets of good qualitative methodology—self-reflexivity on the emotional compulsions, biases, assumptions, and commitments the researcher as apparatus brings to the field—a pursuit that is grounded even further in Chapter 2.

Throughout *Empowering the Elderly*, Clotworthy repeatedly references the process by which Western societies came to frame later life as a period of poor health that positions the elderly as a high risk, yet 'burdensome' segment of society (e.g., 21, 209). This framing later became challenged by the notion of a "limited yet limitless" aged consumer (21): someone who may have physical and mental limitations brought on by age, but who can still contribute to society. Counter-framing older adults through a positive discourse about the chances for healthy aging, she argues together with other scholars in the field (see e.g., Gilleard & Higgs 2009; Lamb 2019), cannot undo this marginal position of conditional inclusion, since this frame similarly relies on a specific kind of citizen: one who is still a productive member of society. By the end of the introduction, Clotworthy convinces readers of the necessity of incorporating local studies that conduct in-depth ethnographic examinations into the lived experience of health policies and the particular forms of knowledge that are being exchanged in the interactions

between citizens and health professionals. Her scientific efforts to gain more insight into the social worlds that developed through home health encounters led to more extensive formally structured life interviews beyond her visitation ethnography (81).

Chapter 1 provides a cultural historical perspective on factors that led to Denmark's current public health system and elder care. This is a useful background for readers who want to learn more about the specific health care systems of Northern Europe and similar welfare states, area studies scholars that are interested in understanding the aging philosophies of Scandinavian countries, medical anthropologists, or scholars of medical history.

Chapter 2 discusses the author's methodological decisions to best gain insight into home health visits. Clotworthy defines herself foremost as an ethnographer examining interactions to better understand ongoing (re)constructions of concepts and discourses, an individual who is located in an "intersubjective, situated position" (87). She discusses her ethnographic practice over a course of fifteen months, comprising dozens of site visits, informal interviews with professionals, and five life history interviews with elderly citizens. This chapter provides a lengthy discussion of how and why she chose the municipality of study, namely due to its varied demographic profile, geography, economic resources, and social challenges. This leaves the reader confident in the considerable thought Clotworthy put into evaluating the strengths and weaknesses of her case selection.

After the first two stand-alone chapters, the book is organized into three sections, with each section focusing on a different facet of 1-on-1 encounters between health professionals and older adults in Denmark: "Labor: activity related to the biological process of the human body"; "Work: activity related to the artificial world of structures and objects"; and "Action: activity related to the human condition of plurality."

In Part 1, Clotworthy effectively integrates political philosophy, discourse analysis, and phenomenology into the case studies and vignettes. She here introduces her focus on 'embodiment,' an analytical lens through which the individual's body is understood as the site of experiences with culture, health, power relationships with others, with the state. This part most intently documents the status quo of rehabilitation and visitation programs. Clotworthy asserts that municipal health professionals follow the dominant local and state discourses about aging (i.e., the individual as a "limited yet limitless consumer") as they assess how their elderly patients can be rehabilitated from an individual who is "dependent" to one who has "particular health limitations but who still has unlimited value as a contributing member of society" (124). In the context of these visitations, the body becomes a resource: a tool through which self-help habits, knowledge, and competences can, and should be performed (116-117). Witnessing how bodies are assessed in health evaluations reveals their imbue with political discourses.

Part 2, "Work," examines cultural meanings associated with the home, privacy, and security. Clotworthy asserts that work done by healthcare professionals unsettles the home as a place of privacy, primarily by undermining the authority of the older individual in their 'private space.' Based on her ethnographic experience, the author argues that home visits need to be restructured to better acknowledge the ways that older citizens are at home in their surroundings. One such way to minimize the 'unsettling' of everyday routines, might be to have therapists work with individuals to "re-stabilize" the home (147).

The argument of Part 3 builds on the prior two sections: that everyday 're-orienting'—the process of grounding new routines into an existing space and promoting aging in place—is an inherently relational

practice. Elderly individuals with their unique identities shape what their re-orienting looks like, leading to potentially positive but also complicated relationships, dynamics, and aging mentalities. For example, interactions between caregivers and their clients can result in “messy subjectivity” (171). This can complicate a care provider’s work and make the promotion of individual autonomy less ‘efficient.’ The contemporary Danish context presumes that municipal health professionals are expected to help citizens remain ‘self-helping’ for as long as possible. However, crises that resist a “bearable way of living *with, or in, reality*” (190) can greatly affect health professional’s relationships with their patients. The rhetoric of ‘shared responsibility’—a mentality of “we will help you as long as you help yourself” (189)—further complicates relational dynamics between the patient and health professional. Yet Clotworthy does maintain the assertion that while care *is* contextual, humans always seem to find a way to care for one another (190).

The final chapter summarizes the key analytical points on the conceptualization of a “limited limitless aging consumer”—someone who has been “invested in” by the state to take responsibility for their own care in order to “stay socially engaged for as long as possible” (206)—and on how this model can complicate the work of health services for the elderly. The neoliberal notion of the productive and responsible aging consumer suggests that the good citizen should want to achieve the limitless promises of aging well. Consequently, they should be encouraged to feel a desire to take responsibility for their own physical and mental fitness for as long as possible. Yet as people age, they may lose their ‘natural’ capacity to be the rational, active agents that they have been told they must be. This can cause tensions and mismatches between these individuals’ desires and capacities and the health professionals’ expectations. Clotworthy finishes by suggesting how a more caring response to individualism may produce alternative forms of empowerment in health services (213-215).

The take home message of the text is straightforward and sobering: the design of many health and social policies does not consider the lived experiences of the people whom the policies affect. In retelling fieldwork experiences where she witnessed interactions (sometimes subpar) between elderly citizens and visitation staff, nurses, or helpers, Clotworthy paints a portrait of how vital connections between people are often undermined by unhelpful or deficient policies, a point she continues to articulate throughout the text. The book analyzes the intricacies of power-based relations between older adults and health professionals through these specific encounters where the state, through local actors, enters older people’s homes to evaluate, offer, or rescind health services. This book is also then, more generally, a study about dynamics in highly power-based relationships, which makes it particularly relevant for political scientists and sociologists; Clotworthy’s empirical analysis is influenced by Michel Foucault and Hannah Arendt’s political philosophies on the “tacit forms of governmentality” that permeate political discourses of health policy (9). She effectively integrates political philosophy, discourse analysis, and phenomenology into her ethnographic materials by using vignettes and case studies to articulate otherwise abstract political science, sociology, and anthropology concepts.

While Clotworthy excellently weaves the historical context of today’s image of an elderly citizen, the text could have paid even more attention to municipal health professionals’ status as ‘big fish in the little pond’. Counter to the neoliberal power relationships that are analyzed throughout the text, this psychology-based argument suggests that individuals who are drawn to positions where they can exert power over others lose touch with the practice and aims of health care. That some individuals are attracted to power in health care spaces is, in itself, a topic that has garnered much attention in academia, media, and journalism (Magnuson & Norem 2009; Marsh et al. 2008). Care and power dynamics, under these circumstances, would undoubtedly undermine efforts toward the self-help model in significant ways.

Practitioners and citizens who want to better support older adults by understanding the political discourses and philosophical complexities associated with giving up autonomy in a particular context will certainly find value in this book. They may find, however, fewer applicable lessons in the earlier sections' heavy theoretical lens of governmentality and power relations. These earlier sections will particularly appeal to anthropologists, sociologists, and political scientists who have a greater fluency in the vocabulary of aging and power discourses.

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